

PERSONAL EMPLOYMENT PLAN (PEP)
PART 1 - APPLICATION AND REFERRALS

DIVISION OF REFUGEE ASSISTANCE
PO BOX 45420
OLYMPIA WA 98504-5420

SECTION A: CASE MANAGEMENT CLIENT INFORMATION													
1. PEP OPEN DATE YY MM DD	2. TRANSACTION CODE	3. DATE YY MM DD	4. CLOSE REASON	5. SCHEDULED REVIEW DATE YY MM	6. WORKER ID	7. P/A	8. CASE STATUS	9. CASE NUMBER					
10. ALIEN NUMBER		11. NAME LAST FIRST MIDDLE INITIAL											
12. STREET ADDRESS					13. CITY			14. ZIP CODE					
15. TELEPHONE NUMBER AREA CODE ()		16. SOCIAL SECURITY NUMBER			ENROLLMENT		22. COUNTY	23. REG	24. <input type="checkbox"/> City limits <input type="checkbox"/> County				
17. TRACK II <input type="checkbox"/> Yes <input type="checkbox"/> No		18. FIP <input type="checkbox"/> Yes <input type="checkbox"/> No		19. GRANT DIVERSION <input type="checkbox"/> Yes <input type="checkbox"/> No		20. JOBS PROGRAM CATEGORY (1-6) <input type="checkbox"/> Yes <input type="checkbox"/> No		21. AMER-ASIAN <input type="checkbox"/> Yes <input type="checkbox"/> No					
25. DATE ENTERED USA YY MM DD	26. DATE ENTERED WA YY MM DD	27. VOLAG	28. VP	29. COUNTRY ORIGIN	30. ETH GROUP	31. BIRTHDATE YY MM DD	32. SEX	33. ED LEVEL	34. ENTRY STATE	35. PREV. OCCUPATION	36. TOTAL FAMILY MONTHLY INCOME \$		
37. HEAD OF HOUSEHOLD <input type="checkbox"/> Yes <input type="checkbox"/> No	38. TOTAL FAMILY SIZE	39. CHILDREN UNDER 6 YRS OLD		40. 6 YRS AND OLDER	41. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married	42. SPOUSE IN HOUSEHOLD <input type="checkbox"/> Yes <input type="checkbox"/> No	POLITICAL DETAINEE INFORMATION			47. <input type="checkbox"/> Refugee <input type="checkbox"/> Non-refugee			
43. POLITICAL DETAINEE <input type="checkbox"/> Yes <input type="checkbox"/> No		44. DOCUMENTATION <input type="checkbox"/> Yes <input type="checkbox"/> No		45. NO. OF YEARS DETAINED		46. DEPARTURE FROM: <input type="checkbox"/> Vietnam <input type="checkbox"/> Camp							
SECTION B: SERVICE REFERRAL/AUTHORIZATION													
Note: To be completed by the CSO Social Worker after the PEP Part 2 - COMPREHENSIVE JOINT ASSESSMENT, DSHS 02-510, and the PEP Part 3 - SELF SUFFICIENCY PLAN, DSHS 02-505, have been completed.													
48. ENGLISH PROFICIENCY	49. NATIVE SKILLS	50. USA SKILLS	51. OCC GOAL	52. PREVIOUS EMP/USA	53. PREVIOUS HOURLY WAGE \$	54. START DATE YY MM	55. END DATE YY MM	56. TERM RSN	57. HRS WORKED PER WEEK	58. CURRENT HOURLY WAGE \$			
LANGUAGES: 59. PRIMARY SECONDARY		SERVICE AUTHORIZATION											
60. EMP		62. EMP DATE YY MM DD		63. ESL YY MM DD		65. EIC YY MM DD		66. EIC DATE YY MM DD		67. OTHER SERVICES AUTHORIZED 1 2 3			
68. SKILLS (SKT) TRAINING DORA FUNDED <input type="checkbox"/> Yes <input type="checkbox"/> No		69. SKT PROVIDER	70. SKT CODE	71. START DATE YY MM		72. END DATE YY MM		CURRENT DATE COMPLETED/UPDATED YY MM			74. PEP III: YY MM		
73. PEP II:													
75. Use this section for a brief description of the items above (item numbers are in parentheses)													
VOLAG (27)				PREV OCC (35)				USA SKILLS (50)					
EMP REF (61)				ESL REF (63)				EIC REF (65)					
76. Other comments:													
My signature on this form indicates that I certify that the information I have provided is true and complete to the best of my knowledge and that any false statements may result in my termination from this program and continued financial and medical assistance from the Department of Social and Health Services (DSHS).													
<input type="checkbox"/> I have read the translation of this statement on the reverse side of this form.													
77. CLIENT SIGNATURE				DATE		78. CSO SOCIAL WORKER SIGNATURE				DATE			
79. PROVIDER SIGNATURE				DATE		80. REVIEWER SIGNATURE				DATE			

Discrimination is prohibited in all programs and activities; no one shall be excluded on the basis of race, color, religion, creed, national origin, sex, age, or disability.

DISTRIBUTION (check appropriate boxes): ☐ Original - Client's Service Record ☐ EMP Provider ☐ ESL Provider ☐ Client
☐ EIC Provider ☐ VOLAG ☐ Other (specify) ☐ MSC